

# CLASS REGISTRATION FORM

Print out this form, then mail it with your payment to:  
Theatre in the Round Players, 245 Cedar Ave, Minneapolis MN 55454

*I wish to register for the following classes and/or workshops:*

<u>CLASS TITLE</u>	<u>DATE(S)</u>	<u>PRICE</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## PAYMENT INFORMATION

Enclosed is my total payment of: \$ \_\_\_\_\_

Payment type:

CHECK (make payable to TRP) -or-

VISA  MASTERCARD  DISCOVER  AMEX

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Signature: \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

GOT QUESTIONS? Get answers at 612-333-2919 ext. 100.